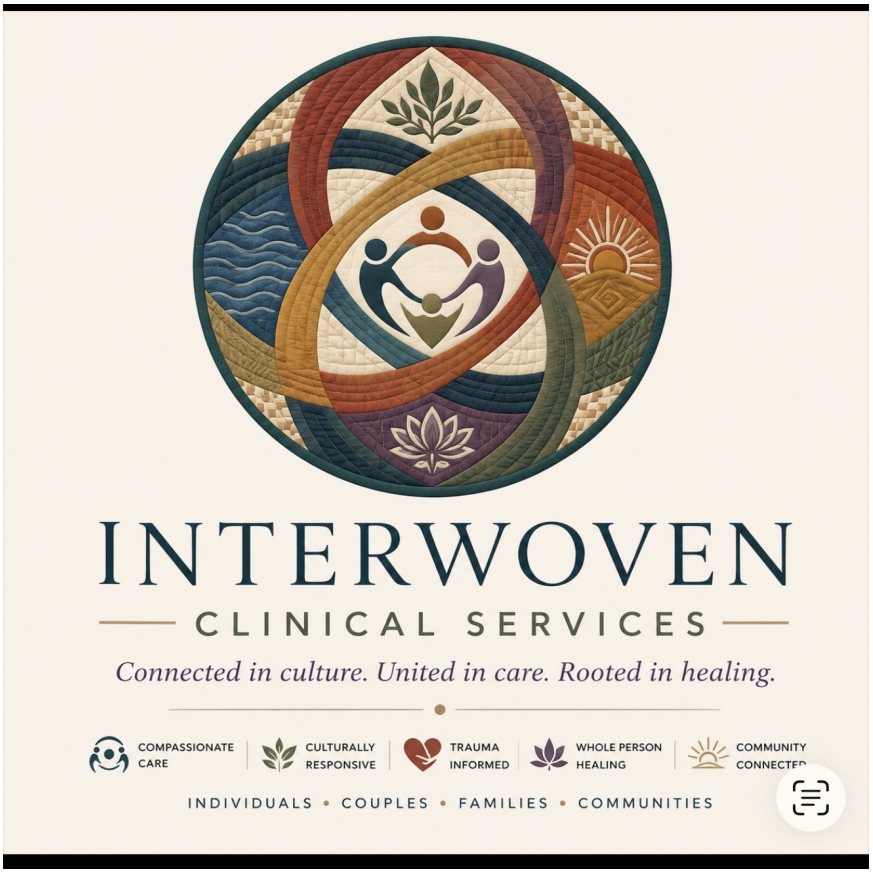


# Notice of Privacy Practices (HIPAA)

**Effective Date: _____**

This Notice describes how your protected health information (PHI) may be used and disclosed, how you can access your information, and your privacy rights under the Health Insurance Portability and Accountability Act (HIPAA). Please review it carefully.

## Our Responsibilities

We are required by law to maintain the privacy and security of your PHI, provide this Notice, follow the practices described herein, and notify you if a breach of unsecured PHI occurs.

## How We May Use and Disclose PHI

For treatment, including coordination of your care. For payment, including billing insurance and collecting payment. For health care operations, including quality improvement, supervision, and compliance. When required or permitted by law, including public health reporting, court orders, and mandatory reporting. To prevent a serious threat to health or safety when permitted by law.

## Your Rights

Request a copy of your records. Request corrections to your health information. Request confidential communications. Request restrictions on certain disclosures. Receive an accounting of certain disclosures. Obtain a paper copy of this Notice at any time.

## Questions or Complaints

If you believe your privacy rights have been violated, you may contact Interwoven Clinical Services or file a complaint with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

*This template is intended as a professional starting point and should be reviewed to ensure it reflects your practice's policies and applicable federal and California law.*